

## STATEWIDE MUTUAL AID ACT (SMAA) PERSONNEL DEMOBILIZATION SCHEDULE

<b>Event Name/Number:</b>		

Deployed Individuals Name	Date to be Released	Travel Home (Date/ Time)	Mode of Transportation	ETA Home (Date / Time)	Contact Info: Cell: Home: E-mail:	Comments
		,		,		

SMAA Form 108 6/25/2012